2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000024784

1. Entity Name

ALAN W. ADLER, P.A.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90095 009 ***150.00

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|--|------------------------------|---|--|----------------|----------------------------------|----------------|---|----------------------------|--------------------------------|-------------------|-----|--|
| Principal Place of Business P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592 | | | Mailing Address P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592 | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | [8]]] | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | 4. F | 65-0990825 | Applied For Not Applicable | | | | |
| Zip Country | | Zip | Zip Country | | 5. (| | | | 8.75 Additional ee Required | | | |
| 6. Name and Address of Current F | | | Registered Agent | | | 7. N | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | | Name | | | | | | |
| ADLER, ALAN W 2648 WILSON STREET | | | | | Street Addre | ss (P.O. B | ox Number is Not Acceptable) | | | | 1 | |
| HOLLYWOOD FL 33020-1953 | | | | | City | ··· | | FL | Zip Cod | e | - | |
| | | | | | * | | | 1 | • | | - | |
| | named entit ions of regis | | r the purpose of changing. | its register | ed office or regi | istered ag | ent, or both, in the State of Florida. | I am tam | liar with, | and accept | | |
| SIGNATURE . | Signature, typed | or printed name of registered agent a | and title if applicable. (N | OTE: Registere | d Agent signature req | quired when re | einstating) E | ATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of | | | State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | |
| 10. | | OFFICERS AND | | 11. | | AD | L DITIONS/CHANGES TO OFFICERS | AND DII | RECTOR | S IN 11 | 1 | |
| TITLES | PSD | | ☐ Delete | TITL | E | | · | | Change | Addition | 18 | |
| NAME 5: STREET ADDRESS | | T OCEAN DR.,108 | | | EET ADDRESS | | | | | | 100 | |
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| TITLE, | ļ | | ☐ Delete | TITLI | l l | | | |] Change | Addition Addition | 5 | |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #